

HOW TO IMPLEMENT A MULTI-TRACK MODEL IN YOUR DWI COURT

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*Informing Policy and
Improving Programs
to Enrich People's Lives*

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PURPOSE

The purpose of this manual is to assist existing and new DWI courts in implementing a multi-track model to match services and supervision to participants at different risk and need levels.

This manual outlines the steps involved for how to go about the process of implementation, using the experience gained by other programs that have already implemented this model. Learning how others have made the transition, along with thoughtful and detailed planning, can make the transition process more manageable. Insights and information from DWI courts in California and adult treatment courts in Missouri that have implemented the multi-track model have been included to provide examples, context, lessons learned, and potential ideas for programs to consider replicating in their own jurisdiction.

This manual also provides links to training and other resources (including materials that can be modified as needed from existing programs) in hopes of clearly outlining the process for implementing a multi-track model as efficiently as possible.



About the Authors: NPC Research provides quality social services evaluation, policy analysis, research, and training. We are dedicated to improving the effectiveness of human services offered to children, families, and communities. Our highly skilled staff work closely with community partners and policymakers to implement research strategies and training that provide timely answers to policy-relevant questions. NPC has been working in court, criminal justice and treatment settings for over three decades and has conducted studies of over 500 treatment court programs.

Background

Research has demonstrated that high-risk/high-need participants benefit most from the traditional treatment court model. High-risk individuals are those who assess as having a poor prognosis; that is, they have a high likelihood of re-offending or otherwise being unsuccessful in completing court or probation requirements. High-need individuals are those who have a moderate to severe substance use disorder and/or a mental health disorder. [See NADCP’s Adult Drug Court Best Practice Standards Volume I, Standard 1 and 2 at <http://www.nadcp.org/Standards>].

The best practice standards recommend treatment court programs either limit their population to high-risk/high-need individuals or develop different tracks for participants at different risk and need levels (i.e., follow a risk-need responsivity model). That is, treatment courts should assess individuals before intake to determine the appropriate services and supervision or monitoring level based on their assessment results (e.g., Andrews & Bonta, 2006; Lowenkamp & Latessa, 2005). This recommendation applies to all types of treatment courts, including DWI courts. Table 1 illustrates the four combinations of risk and need that make up the “quadrants” (potential tracks) in the treatment court.

Table 1. The Risk and Need Tracks

	High Risk	Low Risk
High-need	Track 1 High-risk/high-need	Track 2 Low-risk/high-need
Low-need	Track 3 High-risk/low-need	Track 4 Low-risk/low-need

Standard #1 of the best practice standards recommends treatment courts target individuals who have a substance use or mental health disorder and are at a high risk to re-offend. These individuals typically fall into the High-Risk, High-Need category (Track 1). All programs should strive to serve these individuals, as they are least likely to succeed without intensive support and supervision. However, many, if not most, programs serve individuals in the other risk and need levels but treat them with the same level of services and supervision indicated for those who are high risk and high need, which typically results in individuals receiving unnecessary treatment, inappropriate levels of supervision, or both. This can lead to worse outcomes for those participants including increased drug use and higher criminal recidivism.

Providing high intensity drug and alcohol treatment for individuals who do not have a substance use disorder can be overwhelming, preventing them from engaging in other pro-social behavior such as maintaining employment and caring for their families, resulting in a higher likelihood of engaging in drug use and other undesirable behaviors.

A key purpose for having alternative tracks is to avoid mixing participants with different risk levels in the same treatment groups, as high-risk individuals can take advantage of lower risk participants or teach the low-risk participants high-risk behaviors. In addition, separate tracks can help the drug or DWI court team ensure participants are receiving the treatment and services according to their assessed need, yielding greater efficiency by avoiding the use of high intensity services on those who do not need them and avoiding the negative effects individuals at different risk levels can have on one another.

This manual is comprised of two parts – 1. A checklist of the steps involved in implementing a treatment court with multiple tracks, and 2. A more detailed explanation of each of the steps with relevant resources. *This manual is intended as an accompaniment to more intensive training in the multi-track model (as well as many other relevant topic areas) and not as an alternative to that training. Suggestions and resources for training are provided throughout the manual.*

CHECKLIST FOR IMPLEMENTING MULTIPLE TRACKS

[Clicking on each "Step" will take you to detailed information in the main manual](#)

Step #1: Engage in Training and Technical Assistance (TA)

- Look for training and TA options in key content areas described in this manual
- Identify any potential local/regional training and TA options
- Request training and TA from the National Drug Court Institute
- Read recommended fact sheets and other written resources
- Schedule time to watch webinars available online

Step #2: Identify All Key Stakeholders

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> DWI/Treatment court judicial officer <input type="checkbox"/> Presiding treatment court judge <input type="checkbox"/> Back-up treatment court judge <input type="checkbox"/> Magistrates and Commissioners <input type="checkbox"/> Clerk staff <input type="checkbox"/> Court administrator <input type="checkbox"/> Bailiffs/court security <input type="checkbox"/> Judicial assistant/clerk <input type="checkbox"/> Information technology (IT) personnel <input type="checkbox"/> Defense attorney/Public Defender/Local defense bar (entire bar) <input type="checkbox"/> District Attorney/Prosecuting attorney's office <input type="checkbox"/> Probation/Parole officers (district, regional, state, county, and city) <input type="checkbox"/> Law enforcement <input type="checkbox"/> Current treatment provider's counselors, treatment provider supervisors/directors | <ul style="list-style-type: none"> <input type="checkbox"/> New or existing treatment providers and their supervisors and directors <input type="checkbox"/> State court offices (State Court Administrator, State Treatment Court Coordinator, etc) <input type="checkbox"/> Community agencies (Employers, local businesses, local schools, churches, etc) <input type="checkbox"/> Local chapters of AA/NA , other self-help/recovery groups <input type="checkbox"/> Ancillary/wraparound services and programs: <ul style="list-style-type: none"> o Job assistance agencies o Housing assistance agencies o Medical care and/or referral agencies o Educational assistance agencies o Daycare assistance agencies o Transportation assistance o Clothing assistance agencies o Child welfare agency staff/decision makers o Homeless shelters o Transitional housing organizations/partners |
|--|---|

Step #3: Observe a Treatment Court with an Established Multi-Track Model

- Find a treatment court that has implemented a four track model (suggestions provided in manual)
 - Arrange for key (or all) team members to visit
 - Interview team members from the program you are visiting
 - Observe staffing and court sessions

Step #4: Identify an Individual(s) to Lead Planning and Implementation

- Judge (name) _____
- Other stakeholder(s) (names) _____

Step #5: Develop a Formal Communication Process

- Develop a written communication protocol - including what information is communicated, when, and to whom
- Convene an oversight committee
- Convene an implementation task force

Step #6: Initiate Collaborative Planning

- Begin preliminary discussions about the implications for the multi-track model for each team member
 - Consider changes to job duties and whether this change will impact the team member's agency
 - Consider suggestions from all team members about how to implement changes that will work for each respective team member and their agency
 - Consider incentives/compensation/concessions that may need to be made in rearranging court schedules, staffing, or adding to team member duties

Step #7: Identify Whom the Program Will Serve and What Services are Available

- Assess the risk and need levels of the potential program population to determine the numbers of individuals who might fall into each of the four tracks
- Review existing court and probation programs to determine if there are options that already serve individuals at different risk and need levels
- Perform community mapping to determine services available in your community or nearby (include telehealth options)
- Does your community have a health resource guide? (Health Services Resource Guides include a complete listing of local health care resources)
- Consider changes to DWI court eligibility criteria based on the numbers of potential participants in your target population, existing programs that may cover participants at various risk/need levels, and available services

Step #8: Select Appropriate Screening and Assessment Tools

- Determine existing screening and assessment tools you or your partners already have access to or use
 - Do you have an existing screening tool(s) that screens for risk and screens for need (or both)?
 - Do you have existing assessment tool(s) that assess risk and need (or a tool that assesses both risk and need)?
 - Do you need to select new tools for screening and assessment?
- Review risk and need screening and assessment tools (existing, or to be selected)
 - Are your tools standardized and validated?
 - Are they valid for a DWI offender population?
 - What are the scoring designations for the risk tool(s)? (i.e., Does it provide you information on the Central 8 risk factors/criminogenic needs? Does it classify low, medium, high categories?)
 - Does the scoring designation for your needs assessment provide you with a recommended clinical level of care?
 - Do you have a tool that assesses for appropriateness for Medication Assisted Treatment (MAT)?
 - Do you have a tool that assesses for trauma?
 - Do you have a tool that assesses for pain?
 - Do you assess for medical conditions and general health?

Step #9: Develop a Detailed Process for Administering and Using Screening and Assessment Results

- Determine how the risk and need screening tool(s) are (and will be) used
 - What training is required for the screening tool(s)?
 - Who will administer the screening tool(s)?
 - When will the tool be administered?
 - Will it be used for eligibility?
 - Will it be used to determine track placement?
- Determine how the risk and need assessment tools are (and will be) used
 - What training and/or certification is required to administer this tool?
 - Who will administer the assessment tool(s)?
 - Has the person(s) administering the tool been properly trained?
 - When will the tool be administered?
 - Will the tools be used for eligibility?
 - Will the tools be used to determine track placement?
 - Will the tools be used to determine supervision level, case management needs, and level of care?
 - How will screening and assessment results be used to develop an integrated case plan?
 - How will the team members and participant be involved with developing an integrated case plan?

Step #10: Use Assessment Results to Determine Number of Tracks Needed

- Are there sufficient numbers of individuals in each risk/need level to warrant full services in all four tracks (e.g., are numbers large enough for each track to have group treatment sessions, or will some participants need individual sessions only?)
- Do you already have existing criminal justice programs that are appropriate for individuals that fall into certain tracks? (For example, Pre-trial, HOPE, etc.)
- What services are available to appropriately address the specific risks and needs of participants in each track?
- Are your services inclusive of all demographics (e.g., racial and ethnic groups) in your community?

Step #11: Understand the Fundamentals of Each Track

- Review the purpose of each track in the manual and review training received on the four tracks
- Review how each track addresses each participant's risks and needs
- Review the key requirements/services appropriate for each track

Step #12: Create Court Session Schedules for Each Track

- What is the judge's availability for staffing and court times?
- What is the availability of other team members?
- What is the availability of the court facilities (e.g., what times of day)?
- How long does the court session(s) need to be based on the number of participants expected in each track?
- How will you separate participants at different risk and need levels?
- Which days of the week will you see participants in each track, and which track will go first?
- How will you communicate the court schedule to team members and participants?

Step #13: Outline Supervision/Monitoring Requirements and Supervision Staff Assignments

- Educate supervision staff (e.g., probation) on the expectations of the program's supervision requirements for participants at different risk and need levels in each track.
- Use statistics from Step 10 to help determine track assignment for supervision officers
- Are there sufficient participant numbers to assign a different supervision officer to each track?
- Do supervision officers prefer to be assigned to one track, or have a mixed caseload of participants at different risk and need levels?
- What kind of supervision assignments and responsibilities are feasible given existing caseloads for supervision?

Step #14: Develop a Plan for Treatment for Each Track

- Educate treatment providers about risk levels and the importance of keeping participants at different risk levels separate.
- Ensure (or develop) a protocol for communicating participant risk level to the treatment providers
- Determine what training is needed for local treatment professionals
- Prepare the menu of treatment options for each track
- Establish formal agreement/contract between the court and treatment provider that includes keeping participants at different risk and need levels separate, and other requirements and expectations for the treatment provider for each relevant track

Step #15: Develop Phases for Each Track

- Review sample documents with phase requirements for each track
- Develop phase requirements, including requirements to move from one phase to the next, for each track in your treatment court

Step #16: Create Program Documentation

Develop or modify existing:

- Policy and procedure manual
- Participant handbook
- Eligibility criteria and the associated referral and intake processes (may be in the policy and procedures manual)
- MOU between all team members and other key stakeholders (describing roles, duties and expectations for what and how communication occurs) (may be included in the policy and procedures manual)
- Incentives and sanctions matrix (may be included in the policy and procedures manual)
- Integrated case plan template and procedure

MANUAL: HOW TO IMPLEMENT A MULTI- TRACK MODEL IN YOUR DWI COURT

Step #1: Engage in Training and Technical Assistance

All key team members and stakeholders should be trained in the treatment court model and the concept, purpose and procedures of multiple tracks. This training should include the traditional topic areas for the adult treatment and DWI court model, with an additional emphasis on modifications that might occur in different tracks according to risk-need-responsivity principles. The training topic areas include at a minimum:

- Risk, need, and responsivity
- Substance use disorders
- Trauma
- Behavior modification (e.g., Incentives and sanctions)
- Team member roles
- Substance use disorder treatment
- Drug and alcohol testing
- Supervision/monitoring and home visits
- Treatment court best practices

Multi-track training, as well as training on the other topics listed above, is available in person (or via webinars) through the National Drug Court Institute (NDCI). The multi-track training includes how phases should be organized within each track. The trainings can be tailored for individual programs or regionally for multiple programs. Training length varies from 1-day overviews to 3 days of training and facilitated action planning.

In-person request: <https://www.ndci.org/resources/training/on-demand> (username required).

Webinar: <https://www.ndci.org/alternative-tracks-in-adult-drug-courts>



Resources:

- A fact sheet from NDCI provides several steps (listed below) for programs to follow to improve participant outcomes. Several of these steps are related to the information outlined in this manual. <https://www.ndci.org/wp-content/uploads/C-O-FactSheet.pdf>

Step 1: Know Who Your Participants Are and What They Need

Step 2: Adapt Your Court Structure

Step 3: Expand Your Treatment Options

Step 4: Target Your Case Management and Community Supervision

Step 5: Expand Mechanisms for Collaboration

Step 6: Educate Your Team

- NDCI and NPC Research can provide a review of your current program practices and provide hands on assistance with planning, implementation, and program evaluation. Contact information@npcresearch.com or go to <https://www.ndci.org/resources/training/on-demand> (username required).
- The State of Missouri has several programs following a 4-track model. Missouri OSCA staff is available to provide technical assistance with setting up a 4-track model and can provide information about 4-track model mentor treatment courts in Missouri. Contact information: OSCA.TC.Unit@courts.mo.gov



Step #2: Identify All Key Stakeholders

During the planning process, the treatment court must consider the broad implications of multi-track implementation and include all entities that may be affected by the change. The treatment court must contact each entity and keep them informed about the process, solicit feedback, invite them to participate, and discuss how changes may impact them. At a minimum, programs must consider the following individuals or agencies:

Mandatory

- DWI court judicial officer
- Presiding judge
- Back-up DWI court judge
- Magistrates and Commissioners
- Clerk staff
- Court administrator
- Bailiffs/court security
- Judge's secretary
- Defense attorney/Public Defender/Local defense bar (entire bar)
- District Attorney/Prosecuting attorney's office
- Probation officers (district, regional, state, county, and city)
- Case management
- Parole officers
- Law enforcement (elected sheriff, police chief, local police department, and any other law enforcement agencies including university police, tribal police, etc.)
- Current treatment provider's counselors, treatment provider supervisors/directors
- Any new or potential treatment providers and their supervisors and directors (those that may have a role in the new model)
- Medical providers including Medication Assisted Treatment (MAT) prescribers
- Medical care providers or referral options
- State courts office

As applicable for your population

- Employers, local businesses, local schools, churches/faith-based organizations
- Local chapters of community/recovery support groups
- Job assistance agencies
- Housing assistance agencies
- Educational assistance agencies
- Daycare assistance agencies
- Transportation assistance
- Clothing assistance agencies
- Child welfare
- Homeless shelters
- Transitional housing organizations
- IT personnel
- Agencies that conduct drug testing
- SCRAM/interlock providers
- Any other partners that would improve the quality or scope of services available
- Culturally based service providers or other organizations
- Domestic violence advocates, shelters, or trauma care treatment providers
- Parks, community centers, or recreation organizations

Step #3: Observe a Treatment Court with an Established Multi-Track Model

Before formal planning begins, key stakeholders are encouraged to visit a program that has an established multi-track model.¹ Treatment courts may struggle with conceptualizing how a multi-track program can operate within their jurisdiction. Logistical issues such as reorganizing court calendars, having separate treatment groups for each track, and having a program participant population that is too large or small are often mentioned as barriers to implementing a multi-track model. Suggestions for available programs (adult treatment courts and DWI courts) and other resources are listed in the call-out box below. Observation is one of the most effective ways to learn how the model works and envision how it could fit in your jurisdiction. In addition, it is particularly beneficial to talk with team members about how they do their work, their challenges and successes, and potential issues a program may face. This exchange of information also serves as a valuable opportunity for team members to have discussions with their counterparts on the DWI court team. Programs should decide whether to have their entire team visit or just the critical stakeholders (judge, coordinator, probation, and treatment). If the entire team is unable to attend initially, plans should be made for all team members involved to visit (even briefly) the multi-track model DWI court before it is implemented in their respective court/jurisdiction.

Resources:

- San Joaquin County, California, has implemented a multi-track DUI Court and welcomes visitors. Contact NPC Research for information on how to arrange a visit or to connect with staff from the San Joaquin DUI Court for questions: information@npcresearch.com
- The State of Missouri has several programs following a 4-track model. Missouri OSCA staff is available to provide technical assistance with setting up a 4-track model and can provide information about 4-track model mentor treatment courts in Missouri. Contact information: OSCA.TC.Unit@courts.mo.gov
- Mentor treatment courts using the multi-track model are available for technical assistance. Contact information@npcresearch.com or go to <https://www.ndci.org/resources/training/on-demand> (username required).
- NDCI and NPC Research can provide a review of your current program practices and provide hands-on assistance with planning, implementation, and program evaluation. Contact information@npcresearch.com or go to <https://www.ndci.org/resources/training/on-demand> (username required).

¹ At the time of the writing of this manual, there are still few treatment court programs that have implemented tracks within their program based on risk and need, so observing an established program may not be feasible.



Step #4: Identify an Individual(s) to Lead Planning and Implementation

It is crucial to have an individual who takes the lead in planning and implementation of this kind of change. Leadership frames this new idea (developing a multi-track model) in the context of their own jurisdiction and conveys the impending changes to team and community members who may be reluctant or resistant. For this reason, it is important that the leaders for this kind of effort be in a position of authority to make or compel change. Although much of the work will be shared among all team members, a good leader should provide guidance and advocacy that empowers the team to make decisions and also lends credibility to the process. In most cases, the judicial officer is in a position of authority to take the lead in making what is likely a significant change to established court processes. However, depending on the jurisdiction, other stakeholders may assume this leadership role. For individuals to play a key leadership role in the transition to a multi-track model, they must understand evidence-based practices and be able to articulate the importance of such practices, particularly to individuals who do not understand or work with DWI courts on a regular basis.

Resources:

- The Drug Court Judicial Benchbook, prepared by the National Drug Court Institute, is an excellent resource. Chapter 3, on the role of the judge, has a section on the judge as a leader for the treatment court team, including in implementing the treatment court process and in regular updates and changes to the process.

https://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf

Step #5: Develop a Formal Communication Process

Successfully implementing a multi-track model (or any large shift in program practices) requires involvement of all program partners throughout the process. Programs currently using a multi-track model emphasize that ongoing and direct communication is essential to implementing this approach effectively. ALL team members and relevant stakeholders should be involved from the beginning of the transition. Leaving out stakeholders may result in substantial delays or additional obstacles to implementation. Existing multi-track courts emphasize the delicate nature of planning and constant communication needed to avoid misunderstandings. A formal process should be developed that ensures all stakeholders understand the importance of participation.

The team should be able to provide an overview of the multi-track model for key stakeholders, have a good understanding of the model it intends to implement, and be capable of explaining the benefits of utilizing this approach. The team should also have an in-depth discussion about the rationale for using this approach and openly discuss any questions or concerns voiced by the team or stakeholders.

There may be two groups of stakeholders involved in the planning, to achieve good dissemination of information among all interested parties. 1. **An Oversight Committee.** A group that comprises all potential line staff and individuals with a leadership position in each agency that is a key stakeholder in the program. This group should meet at the beginning of planning to establish buy-in and approval of the project and then at least quarterly to keep them apprised of progress and to continue approval of the planning details that involve their agencies. 2. **An Implementation Task Force.** Treatment court team members, line staff, and supervisors or other stakeholders who will be involved in the day-to-day running of the program, should come together for planning meetings at least monthly with mandatory attendance. This group can work together to develop the overall structure of the program and to determine protocols for communication between team members. (Further information and resources for program structure and team communication are provided later in this manual). Specific tasks can be delegated to appropriate staff to complete between meetings, such as outlining their roles, duties, and any services they will provide, to be brought back and approved by the team.

Step #6: Initiate Collaborative Planning

How the multi-track model is implemented and organized will depend heavily on the size of the local jurisdiction, program population/capacity, and resources available. Smaller programs with limited resources may look quite different than larger DWI courts, or DWI courts with more resources, but the end goal is to adjust services and supervision levels to fit the risk and need levels of participants.

In addition, the team may consider expanding the program to include charges, or risk and need levels, which are not currently a part of the established eligibility criteria. With more efficient use of services comes the opportunity to help more individuals in the criminal justice population.

Teams should have preliminary discussions about the implications for the multi-track model for each team member. This includes any changes, even minor ones, to job duties and whether/how this change will impact the team member's agency. Teams must be open to suggestions about how to implement changes that will work for each respective team member and their agency. Existing multi-track model programs also noted all team members must be prepared to make concessions.

Concessions:

Judges may need to:

- Rearrange their court calendars or dockets.
- Allow other judges to preside over certain tracks of the program.

Probation office may need to:

- Rearrange/reassign significant portions of probation officer caseloads.

Defense attorneys may need to:

- Allow earlier access to potential participants for screening/assessment purposes.

Treatment providers may need to:

- Develop and structure new curricula for participants in different tracks.
- Overhaul treatment group schedules to ensure separation of individuals in different tracks.

ALL team members may need to:

- Accept that planning and decision-making will take time.
- Understand that every aspect of the multi-track model may not be feasible.

All stakeholders must understand that the planning process will take time. Many issues will not have an immediate solution, and most will need to be researched and discussed further. Depending on subsequent steps, some concerns may be resolved or alleviated altogether. For example, after a review of population data, programs may discover that only 2 or 3 tracks are needed (instead of all 4), lessening the number of court sessions needed to supervise participants (and therefore, requiring fewer changes to court calendars). This example should serve as a reminder that all initial discussions are exploratory, not definitive. And overall, the team should prioritize effective implementation over speed.



Step #7: Identify Whom the Program Will Serve and What Services are Available

Assess your potential participant population for risk and need levels. It is important to assess the potential participant population to ensure that the program will fit the population to be served. Collecting assessment information will help a program understand its population, and will inform program modifications to accommodate the different tracks. This step requires screening and/or assessment of risk and need for individuals in the potential target population. (Step #8 provides information on risk and need screening and assessment tools).

How to find this information:

Frequently probation departments perform risk and/or need assessments of the probation population. You may ask probation if they can give you the general breakout of numbers of individuals who fall into high-risk, moderate-risk, and low-risk categories. Similarly, if they assess for clinical need (i.e., substance use disorder) you can ask for a summary of the number and percent of individuals who assess or screen as high need (having a moderate to severe substance use disorder). If clinical need information is not available, the risk information will still give you some idea of the numbers for the high and low risk tracks.

Law enforcement agencies, jails, or the courts may have statistics available on the number and percent of individuals who are arrested or booked, or who have case filings with DWI charges, including the number of second time, third time, fourth time, etc., DWI offenders in the general offender population. Similar statistics may be available on the number of offenders with drug charges in the population, as well as drug offenders with multiple past charges (including felony charges) which can be an indicator of risk.

Another option for gauging the proportion of individuals who would fall into different tracks based on risk and need levels is to screen or assess (using a standardized risk and need screen or assessment) all offenders, or all DWI offenders, arrested and booked into the jail over a 1- or 2-month period, as a sample of what you might expect of the population in general.

There are multiple standardized and validated screening and assessment tools that can assist programs (see box below with publications about target population, screens and assessments). More on this topic can also be found in Step #8 – Select Appropriate Screening and Assessment Tools.

Resources:

Information on determining target populations and the need for alternative tracks

- Targeting the Right Participants For Adult Drug Courts (Part One of a Two-Part Series)
https://www.ndci.org/wp-content/uploads/Targeting_Part_1.pdf
- Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients (Part Two of a Two-Part Series).
<https://www.ndci.org/wp-content/uploads/AlternativeTracksInAdultDrugCourts.pdf>

Assess existing local resources and political considerations. Next, programs will want to discuss where to focus their efforts. There may be existing programs (in the court or in probation, such as diversion programs) for individuals who fall into one of the tracks, which may make the need for one or more of the tracks unnecessary, or that may be incorporated into the new multi-track system. If local programs that are appropriate for various tracks are available, communication among leadership and staff from all programs is crucial in order to create a comprehensive system for individuals at all risk and need levels to be given appropriate services. In addition, a common understanding among the staff for these programs will allow individuals to be moved from one program to another if they are assessed as needing services that are different from those provided in their originally-assigned program or track.

The program should also determine existing treatment and other services in the community, by performing community mapping, to establish the availability of services appropriate for each track. One source for community mapping is if your community has a health resource guide. (Health Services Resource Guides generally include a complete listing of local health care resources.)

Further, there may be local statutes, political considerations, or funding issues that affect (or even limit) the types of tracks that may be established. Individuals on the multi-track Implementation Task Force will need to complete community mapping exercise as well as talk to key partners who might know the political landscape, such as the state court administrator or chief judge, or people who have had significant histories working in the jurisdiction to identify existing services/resources/programs that address individuals outside of Track 1 (Track 1 being reserved for high-risk, high-need individuals who typically need the traditional DWI court model). Once the community mapping exercise is completed, the program must consider any necessary changes to the referral system and evaluate whether existing services should be adjusted and whether additional training for practitioners (such as training in specific evidence based treatment practices relevant to certain criminogenic need levels) is necessary. For example, if a jurisdiction already has resources/programs in place (completely separate

from DWI court) that serve low-risk/low-need individuals (DWI offenders assessed as appropriate for Track 4), these individuals could be referred there rather than entering the treatment court program. In such instances, the DWI court may not need to implement a Track 4, and resources could then be focused on the other tracks. However, a multi-track treatment court should ensure that best practices are being used by programs that serve individuals in all tracks (such as random, witnessed drug testing; evidence-based treatment curricula; and proper responses to participant behaviors).

Resources:

The following Fact Sheets from NDCI should be used as resources for assessing local resources and other considerations.

For Supervision-Related Best Practices:

“Probation Practices in Treatment Court”

<https://www.ndci.org/resources/probation-practices-in-treatment-court>

For Drug Testing Best Practices:

“The Marijuana Detection Window”

<https://www.ndci.org/resources/the-marijuana-detection-window>

“Urine Drug Concentrations”

<https://www.ndci.org/resources/urine-drug-concentrations>

Existing programs should also consider any changes needed to program eligibility criteria. If a program has only focused on high-risk/high-need participants (or if the program has not been consistently assessing participants for risk and need as a part of eligibility) and is moving to a multi-track model, it may need to expand and/or clarify eligibility criteria to include individuals at different risk and need levels. Discuss any changes to the eligibility criteria with your team and other interested agencies to ensure all stakeholders have a clear understanding of new protocols. Eligibility criteria should be established in writing and all referring agencies and individuals should have a copy.

#8: Select Appropriate Screening and Assessment Tools

Using validated screening and assessment tools is a best practice standard: courts that employ validated assessment tools to determine candidates' eligibility for the program have significantly better outcomes than treatment courts that do not use validated tools. It is important to understand that risk to re-offend for a new DWI is different than risk to re-offend for other types of crimes (which is what is measured in traditional risk assessment tools such as the LS/CMI and the ORAS). For DWI courts, it is important to measure **both** risk for a new DWI and risk for other types of crime. There are specialized instruments that can be used to screen for DWI risk. Testing of these instruments has shown that about 20% to 30% of individuals who score high risk for DWI are low risk for other types of crimes. Individuals who are high risk for DWI and *low risk* for other crimes should not be mixed with those who are *high risk* for other crimes. Instead, high-risk DWI/low-risk crime individuals can be included with other low-risk individuals as long as they are closely monitored to prevent them from driving while under the influence. For these reasons, if you are using a DWI-specific risk tool, you must also use a traditional risk tool to ensure that you are appropriately measuring risk levels for both DWI and other risk. Examples of screening and assessment tools and resources for more information are provided later in this section.

Screening tools can be used as a relatively brief way to determine whether more extensive and time-consuming assessments for risk and/or need are needed. Screening tools can provide an indication of whether someone is high risk and therefore needs further assessment to determine level of supervision and case management. Screening tools can also provide an indication of the presence of a substance use disorder or other mental health disorder and therefore the need for further assessment to determine clinical level of care. Screening tools **do not** provide enough information to determine supervision level or level of care. Screening is particularly useful as a quick triage method if you have a large population of potential participants where a full assessment for all individuals is not feasible. If the screening indicates low risk or low need, then further in-depth assessment is not necessary for risk or for need, which will reduce the number of full assessments that must be completed.

As an example, a brief *screening* tool being used in many treatment courts that have implemented multiple tracks is the RANT®. The RANT® is designed to assign individuals to one of the four tracks according to their risk and need screening score. There is also the DUI-RANT® that is validated specifically for the DWI population. A review of RANT® results in your potential target population will provide you with the number of participants expected in each track. This information allows the program to estimate different types of services, supervision levels, and associated staffing needs.



Individuals in DWI courts that score as high risk on the DUI-RANT should be further assessed to determine whether they are also high risk for other types of crime. [NOTE: RANT® and DUI-RANT® are proprietary tools and therefore must be purchased by users.]

As an example, a brief *screening* tool being used in many treatment courts that have implemented multiple tracks is the RANT®. The RANT® is designed to assign individuals to one of the four tracks according to their risk and need screening score. A review of RANT® results in your potential target population will provide you with the number of participants expected in each track. This information allows the program to estimate different types of services, supervision levels, and associated staffing needs. [NOTE: The RANT® is a proprietary tool and therefore must be purchased by users.]

Common standardized and validated *assessments* that measure risk (criminogenic needs) include ²

- Wisconsin Risk and Need Assessment Scale (WRN)
- Ohio Risk Assessment System (ORAS)
- Federal Post Conviction Risk Assessment (PCRA)
- Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)
- Level of Service/Case Management Inventory (LS/CMI)

In depth clinical needs assessment should be performed by a trained and licensed treatment provider. The current gold standard is to use the American Society of Addiction Medicine (ASAM) placement criteria for substance use treatment services. Some validated substance use and mental health assessment tools are listed below that provide more details to inform treatment case planning and diagnosing mental health disorders.

- Alcohol Use Disorder Identification Test (AUDIT) (A quick screen))
- Psychiatric Research Interview for Substance and Mental Disorders (PRISM)
- Texas Christian University Drug Screen II (TCUDS II)
- Addiction Severity Index (ASI)

Finally, some further screening and assessment should be performed for responsivity factors that may impact how well participants are able to engage in services (such as transportation issues, PTSD/traumatic experiences, pain, medical issues, literacy, etc.) is necessary to determine appropriate placement in treatment and other services.

- Life Events Checklist for DSM 5 (LEC 5)
- PTSD Checklist for DSM 5 (PCL 5)
- Beck Depression Inventory II (BDI II)
- Insomnia Severity Index (ISI)
- Brief Pain Inventory (BPI)

² These tools also measure some aspects of clinical need but cannot be used in place of a full clinical assessment of substance use disorders or other mental health disorders

- Daily Living Assessment (DL-20)

An internet search on any of the above listed tools will provide you with information about the tool and where to access it. Many of the above tools can be completed by the participant as self-report.

Resources:

Resources for selecting screening and assessment tools:

- Website: ASAM website with validated screening tools:
<https://www.asam.org/education/live-online-cme/fundamentals-program/additional-resources/screening-assessment-for-substance-use-disorders/screening-assessment-tools>
- Website: American Psychiatric Association website with psychiatric diagnostic assessments: <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>
- Webinar: <https://www.ndci.org/know-who-they-are-and-what-they-need-screening-and-assessment-for-co-occurring-disorders>
- Fact Sheet: <https://www.ndci.org/resources/selecting-and-using-risk-and-need-assessments>
- Detailed information on these assessments and other assessments validated for a variety of populations can be found at <http://lib.adai.washington.edu/instruments> and in the NADCP Adult Drug Court Best Practice Standards (Volume I, Standard V, Appendix A - <http://www.nadcp.org/Standards>)

Step #9: Develop a Detailed Process for Administering and Using Screening and Assessment Results

Another critical step in planning is establishing the details of when the screening and assessment tools will be used in the program and who will be responsible for administering the tools. Programs must discuss and outline:

- When and where will potential participants identified? (Examples may include: local jails, court arraignment dockets, etc.)
- Who will identify these potential participants? (Examples may include: jail staff, arresting officers, local defense bar, program coordinator reviewing daily arrest/jail logs, etc.)
- Who will administer the screening and/or assessment tool(s)? (Examples may include: jail staff, program coordinator, probation officers, case managers, treatment providers, etc.)
- What formal training procedures need to be in place for any individual that administers the screenings or assessments? (If not properly performed, some screening or assessment items can cause a participant to provide an inaccurate answer, which can lead to inappropriate track placement.)
- Where will the information from the assessment be entered/housed? (Data system?)
- How, when and with whom will the results be shared? (How does the team find out who is eligible and what is that process for then getting the potential participant information about the program? How will the information be shared with the team for ongoing case management, staffing and responses to behavior in court?)

Once potential participants are identified, they should be screened and assessed as soon as possible to determine eligibility and track placement. Once participants enter the program, results of the screenings and assessments should inform an integrated supervision, treatment, and case management plan that specifies appropriate treatment levels, level of supervision, and other service needs. Assessment results should also be used to inform how the court will respond to participant behaviors based on each participant's assessed abilities and background (especially trauma background), and on specific case management and treatment goals, as well as information about what court responses are most meaningful to each participant.

Resources:

- Training on risk and need assessment and on integrated case planning is available through NDCI and NPC Research. Contact information@npcresearch.com or go to <https://www.ndci.org/resources/training/on-demand> (username required).

Lessons learned from San Joaquin, CA, and the State of Missouri

California: The San Joaquin County DUI Court (SJDUI) program has implemented an extremely efficient system of assessment and program entry. Several team members are designated to identify and screen potential participants very soon after the DUI offense. These team members attend regular court proceedings, such as parole violations and arraignments, where individuals are pleading to DUI charges. RANT® and DUI-RANT® screens are conducted on all of these individuals, along with an ASAM4 criteria assessment and intake questionnaire. These assessments help determine what level of treatment a participant needs and which track they will be assigned to in DUI court. If they are referred to treatment, they receive a full Addiction Severity Index (ASI) assessment. The SJDUI program accepts offenders with charges for violent offenses and drug sales. Offenders may be transferred from DUI Court to another more appropriate treatment court program based on assessed need. For example, if a participant is assessed as having a mental health disorder, they may be transferred to the local mental health court.

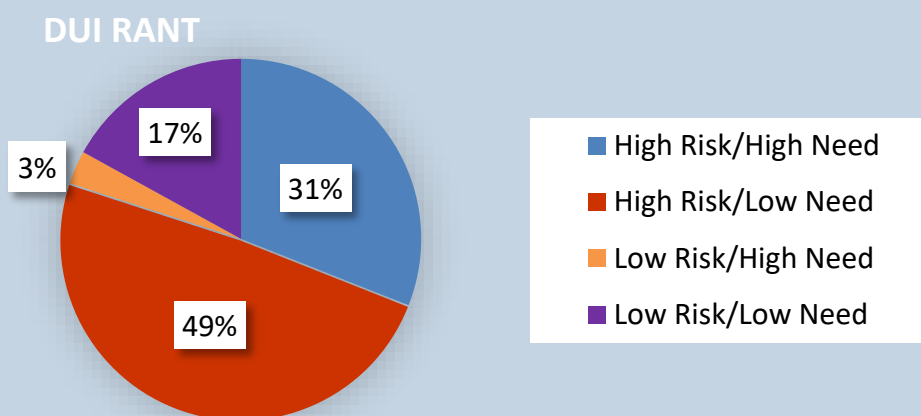
Missouri: Several adult treatment court programs in Missouri that have implemented the 4-track model have reexamined when the screening and assessments are administered. In those programs, the court, prosecutor, public defender, and defense bar have mutually agreed on the point in the criminal justice process at which the tools will be administered. In one jurisdiction, the tool is administered within 48 hours of arrest, while the individual is still incarcerated, for the purposes of recruitment. Screening early in the criminal justice process allows the screening results to be accessible to judges following arraignment and facilitates rapid referral to the program. A more in-depth assessment for eligibility in another court includes a full substance use assessment as well as a bio-psycho-social assessment, a mental health form, and criminal history data. This recruitment process has increased the number of eligibility screenings, increased participant enrollment, and shortened the time to program admission.

Step #10: Use Assessment Results to Determine Number of Tracks Needed

Based on the possible combinations of risk and need (high risk/high need, low risk/high need, high risk/low need, and low risk/low need), there is the potential for up to four tracks in a multi-track treatment court. These tracks are outlined and described in more detail starting with Step 11 and continuing for the rest of the manual. The results of screens and assessments in your potential participant population may show that numbers are insufficient to need programming for all 4 tracks. For example, in some jurisdictions, few low-risk/low-need participants are referred to the treatment court. Another example is related to the type of treatment court - there is some preliminary evidence that repeat DWI offenders may fall into two main tracks – High Risk/High Need (Track 1) and High Risk/Low Need (Track 3).

Evidence from the San Joaquin DUI Court:

In San Joaquin County, assessment numbers on over 1,000 repeat DWI offenders showed that approximately 80% fell into two tracks based on the DUI-RANT- High-Risk/High-Need (31%) and High-Risk/Low-Need (49%). The remaining repeat offenders were Low-Risk/Low-Need (16%) and Low-Risk/High-Need (4%). When screened for other (non-DWI) criminal risk factors, about 20% of those who screened high risk/low need using the DWI specific tool, screened as low risk/low need on the non-DWI tool, placing them in the low risk/low need group. With either tool, the high risk/high need track remained the same size, and the other risk and need levels could be combined into a single track where intensive monitoring technologies were used with all participants to prevent driving under the influence (as these were all repeat DWI offenders and therefore a public safety concern) but high level case management was not needed.



In summary, remember that depending on various factors in your jurisdiction, it is possible that you will not need to implement all four tracks in your program. You may have existing programs that are appropriate for one or more of the tracks that will work with you to create the

continuum of supervision and services that you need for individuals at each of the risk and need levels.



Example of program with fewer than 4 tracks:

There are two tracks in the San Joaquin DUI Monitoring Program. Track 1, the “monitoring” track, is for participants/repeat DUI offenders assessed as low need on the DUI-Risk and Need Triage (DUI-RANT), regardless of their risk score. The very small number (3%) of those scoring as low risk/high need are also placed in this track and are referred to treatment according to their assessed need. Track 1 participants attend court hearings at 1 month, 6 months, and 1 year, and must be compliant for 1 full year to complete the program. They are under continuous alcohol monitoring and random drug testing during their time in the program. Several alcohol monitoring methods are utilized, including ignition interlock devices, SCRAM bracelets, and transdermal patches. If Track 1 participants meet all other requirements (progress on their DMV requirements and jail sentence/alternative work program) they graduate from the program after 1 year.

Track 2 is for participants assessed as high risk and in need of drug and alcohol treatment upon program entry. Track 2 follows the treatment court model more closely, with frequent court appearances, regular alcohol testing, consistent contact with probation officer/program case managers, and treatment services as determined by clinical assessment. These participants are required to attend court hearings every other week. Like Track 1 participants, Track 2 participants are under continuous alcohol monitoring. If Track 2 participants complete all treatment, make satisfactory progress related to their DMV requirements and jail sentence/alternative work program, and meet other supervision requirements, they will also graduate from the program after 1 year. In addition, participants who demonstrate that they are unable to comply with Track 1 requirements are re-assessed by the probation officer or a case manager and moved to Track 2.

Step #11: Understand the Fundamentals of Each Track

The table below provides a very brief and general outline of requirements within each track.

Overview of Track Requirements

	Track 1 Supervision and Treatment Emphasis	Track 2 Treatment Emphasis	Track 3 Supervision and Case Management Emphasis	Track 4 Education Emphasis Avoid any Unnecessary Contact
Risk Level	High	Low	High	Low
Need Level	High	High	Low	Low
DWI Risk Level *Track placement driven by <u>criminogenic</u> risk and need levels	High or Low	High or Low	High or Low	High or Low
Emphasis	Supervision, case management, services for criminogenic needs, & SUD/MH treatment	SUD/MH treatment	Supervision, case management, services for criminogenic needs	Diversion
Minimum Program Length	14 months	13 months	12 months	6-9 months
Court Hearings	Phase 1-2: 2x/month Phase 3-5: 1x/month Non-compliance calendar	Phase 1: 2x/month Phase 2: 1x/month Phase 3-5: Quarterly Non-compliance calendar	Phase 1-2: 2x/month Phase 3-5: 1x/month Non-compliance calendar	Non-compliance calendar; only as needed

	Track 1 Supervision and Treatment Emphasis	Track 2 Treatment Emphasis	Track 3 Supervision and Case Management Emphasis	Track 4 Education Emphasis Avoid any Unnecessary Contact
SUD treatment and/or Mental Health Treatment	As determined by assessment Individual and/or group counseling Relapse prevention	As determined by assessment Individual and/or group counseling Relapse prevention	No substance use or mental health disorder treatment (education as needed)	No substance use or mental health disorder treatment (education as needed)
Case Management	Combined clinical treatment and case management plan. Meet weekly with case manager (Reduced as appropriate over time)	Clinical treatment plan combined with case management as needed	Case management plan (no substance use or mental health disorder treatment needed) Meet weekly (Reduced as appropriate over time)	Case management minimal or as needed
Habilitation	(According to individual assessed need) Common needs: Medical care Trauma services Criminal thinking counseling Life skills classes Family therapy Parenting classes Housing support Budgeting	(According to individual assessed need) Common needs: Medical care Trauma services	(According to individual assessed need) Common needs: Trauma services Criminal thinking counseling Life skills classes Family therapy Parenting classes Housing support Budgeting Medical care	(According to individual assessed need) Few services are likely to be needed

	Track 1 Supervision and Treatment Emphasis	Track 2 Treatment Emphasis	Track 3 Supervision and Case Management Emphasis	Track 4 Education Emphasis Avoid any Unnecessary Contact
Court responses	Focus on individualized proximal and distal goals -Abstinence is distal	Focus on individualized proximal and distal goals -Abstinence is distal	Focus on individualized proximal and distal goals -Abstinence is proximal	Focus on individualized proximal and distal goals -Abstinence is proximal
Community SUD Support Groups	Encouraged if individual is assessed as appropriate	Encouraged if individual is assessed as appropriate	None (contraindicated)	None (contraindicated)
Prosocial activities	Required (encourage and foster long-term recovery and healthy lifestyle with pro-social peers)	Required (encourage and foster long-term recovery and healthy lifestyle with pro-social peers)	Required (encourage and foster healthy lifestyle with pro-social peers)	-According to individual needs
MAT	As determined by assessment	As determined by assessment	N/A	N/A
Supervision	Office visits starting weekly or every two weeks Intensive electronic monitoring/continuous monitoring for alcohol use Home visits (~monthly)	Office visits rarely or none Electronic monitoring/Consider continuous monitoring for alcohol use (for public safety risk) Home visits (~quarterly)	Office visits starting weekly or every two weeks Intensive electronic monitoring/continuous monitoring for alcohol use Home visits (~monthly)	Minimal (avoid drawing further into the criminal justice system)

The next subsections described the four tracks in further detail. This information can be used as a starting point for teams to discuss the implementation of the 4-track model in their court, with local resources, current program design, and participant characteristics influencing how

implementation occurs in each jurisdiction. (A sample policy and procedure manual from a multi-track treatment court and other sample materials can be found at this link: <https://npcresearch.com/resources/materials/>). This section is not intended to provide an exhaustive description of the 4 tracks. Additional services and requirements should be discussed and may be needed depending on the jurisdiction.

***Important note:** Track placement is driven by criminogenic risk and clinical need, not by DWI risk. DWI risk indicates the level and type of supervision needed to ensure an individual does not get into a car and drive while under the influence and may indicate some service needs (based on detailed assessment results) related to anti-social thinking or personality.

Track 1: HIGH-RISK/HIGH-NEED

Supervision and Treatment Emphasis

This track is traditional DWI court with high intensity services and supervision. There is some early evidence (See Box in [Step #10](#)) that about one-third of repeat DWI offenders will fall into this track unless the program is deliberately selecting defendants with lower risk or need levels.

High (Criminogenic) Risk indicates: Intensive supervision and case management required to treat criminogenic needs

High Need indicates: A substance use disorder (SUD) and/or mental health diagnosis and the need for treatment in the form of clinical support for disorders or functional impairments

**High or Low DWI Risk indicates:* Intensive electronic monitoring to prevent driving while under the influence even if low DWI risk (due to public safety and legal issues)

Track 1 Requirements

- Court Hearings – At least every other week initially, gradually reduced to no less than one per month as participants progress through the program.
- Substance Use/Mental Health Treatment – The availability of a full continuum of care is generally needed, including medical detox, residential, day treatment, intensive outpatient, outpatient with individual and group counseling sessions as determined by assessment, with a heavy focus on cognitive behavioral models.
- Medication Assisted Treatment (as determined by medical assessment) or follow directives in taking prescribed medications.
- Pro-Social Habilitation and Adaptive Habilitation – Continuous regular case management starting weekly and reducing over time as appropriate. Case manager should assess criminogenic needs (e.g., medical care, housing issues, budgeting, employment, family therapy, life skills, parenting classes, trauma interventions, etc.) and provide services accordingly (as assessed).

- Court Responses – Focus is on participant’s proximal and distal goals. Most notably, abstinence will be a distal goal for participants in this track.
- Support Groups – Participants should be **encouraged** or required to attend support meetings and other pro-social activities that promote and foster long-term recovery (unless other factors such as trauma history or mental health issues indicate that groups are not appropriate). In addition, program should check on the availability of a natural helper/support person and healthy/safe recreation options.
- Cognitive Behavioral Programming to Address Criminal Thinking – Participants engage in criminal thinking programs according to assessed need.

Track 2: LOW-RISK/HIGH-NEED

Treatment Emphasis

These individuals have a substance use disorder or a mental health diagnosis, but (due to a variety of factors) are at a much lower risk to reoffend (lower criminogenic risk).

Low (Criminogenic) Risk indicates: Low level or minimal supervision required, less case management needed for criminogenic needs

High-Need indicates: Substance use disorder (SUD) and/or mental health diagnosis and the need for treatment in the form of clinical support for disorders or functional impairments

**High or Low DWI Risk indicates:* Intensive electronic monitoring to prevent driving while under the influence even if low DWI risk (due to public safety and legal issues) but case management is not required to treat criminogenic needs

Track 2 Requirements

- Court Hearings – Every other week to start (to ensure engagement in treatment), reduced to quarterly as participants progress through the program. Participants are on a non-compliance calendar, where they are called into court in between scheduled sessions only when not adhering to program requirements (e.g., unexcused absences from treatment, positive drug tests, skipping a drug test).
- Substance Use/Mental Health Treatment – The availability of a full continuum of care is generally needed, including medical detox, residential, day treatment, intensive outpatient, outpatient with individual and group counseling sessions as determined by assessment, with a heavy focus on cognitive behavioral models.
- Medication Assisted Treatment (as determined by assessment) and/or follow directives in taking prescribed medications.
- Court Responses – Focus is on participant’s proximal and distal goals. Most notably, abstinence will be a distal goal for participants in this track.

- Support Groups – Participants should be **encouraged** or required to attend support meetings and other pro-social activities that promote and foster long-term recovery (unless other factors such as trauma history or mental health issues indicate that groups are not appropriate). In addition, program should check on the availability of a natural helper/support person and healthy/safe recreation options.
- Adaptive Habilitation – Case management (e.g., budgeting, housing issues, medical problems, etc.), if needed.

Track 3: HIGH-RISK/LOW-NEED

Accountability/Supervision Emphasis

These individuals are screened or clinically assessed as not having a substance use disorder or mental health disorder. They may have significant anti-social risk factors including criminal thinking patterns and trauma. If they drink or use drugs, it is typically because they choose to do so. Track 3 does not include intensive substance use or mental health treatment but does address other needs with relevant services (e.g., pro-social habilitation, substance education, housing issues, family counseling) as indicated.

High (Criminogenic) Risk indicates: Intensive supervision and case management to address criminogenic needs required

Low-Need indicates: No substance use or mental health treatment. Criminal thinking or other anti-social thinking curriculum likely required. Other complementary services provided according to assessed need

**High or Low DWI Risk indicates:* Intensive electronic monitoring to prevent driving while under the influence even if low DWI risk (due to public safety and legal issues)

Track 3 requirements

- Court Hearings – At least every other week initially, gradually reduced to monthly as participants progress through the program.
- Substance Use/Mental Health Treatment – Should not receive intensive substance use treatment. Instead, modified treatment/education (according to assessed need), including drug or alcohol education.
- Pro-Social Habilitation and Adaptive Habilitation – Case manager should assess criminogenic needs (e.g., medical care, housing issues, budgeting, employment, family therapy, life skills, parenting classes, trauma interventions, etc.) and provide services accordingly (as assessed).
- Regular case management appointments start weekly and can decrease in frequency according to need.

- Court Responses – Court responses focus on participant’s proximal and distal goals. Specifically, abstinence **and** adherence to program requirements are both proximal goals for these individuals.
- Support Groups – Substance use support (e.g., AA) are **contraindicated**. However, program should check on the availability of a natural helper/support person and connect participants with healthy/safe recreation options.
- Cognitive Behavioral Programming to Address Criminal Thinking – Criminal thinking curriculum (e.g., MRT) should be considered unless the assessment indicates that is not needed or is otherwise inappropriate. Other services as determined by counselor assessment (trauma, family therapy, parenting classes, etc.).

Track 4: LOW-RISK/LOW-NEED

Diversion Emphasis

These individuals are screened or clinically assessed as not having a substance use disorder or mental health disorder and as having a low risk to reoffend (very few or no criminogenic needs/risk factors). They may be higher functioning and require little of the court’s resources, as they typically complete program requirements with little intervention.

Low (Criminogenic) Risk indicates: Minimal supervision required (avoid drawing these individuals further into the criminal justice system).

Low-Need indicates: Treatment, if any, should focus on prevention and education. Other services are provided on an as-needed basis according to assessment results.

**High or Low DWI Risk indicates:* Intensive electronic monitoring may be indicated (due to public safety and legal issues even if low DWI risk) but case management is not required to treat criminogenic needs

Track 4 requirements

- Court Hearings – Court appearances should be quarterly or only occur as needed—a non-compliance calendar (participants attend court only if not adhering to program requirements) is the most practical option.
- Substance Use/Mental Health Treatment – Should not receive intensive substance use treatment. Instead, modified treatment/education (according to assessed need), including drug or alcohol education.
- Pro-social Habilitation – High risk for DWI may indicate need for interventions related to anti-social personality/thinking or thinking errors
- Adaptive Habilitation – Case management is minimal or as needed.

- Court Responses – Court responses focus on participant’s proximal and distal goals. Specifically, abstinence **and** adherence to treatment court requirements are both proximal goals for these individuals.
- Support Groups – Support groups (e.g., AA/12-step) are **contraindicated**. Program should check on the availability of a natural helper/support person and healthy/safe recreation options.
- Cognitive Behavioral Programming to Address Criminal Thinking – Based on assessed need (unlikely).

Step #12: Create Court Session Schedules for Each Track

It is important that program hearing times separate those who are high-criminogenic risk from those who are low-criminogenic risk regardless of DWI risk. Ideally, hearing times should be separate for each of the four tracks. Participants at higher criminogenic risk levels can negatively impact those assessed at lower risk levels and team responses to participant behavior must vary according to proximal and distal goals, which differ for each of the tracks. Proximal goals are those that can be reasonably expected from participants at the current time. Distal goals are those that can be accomplished over an extended period of time. For example, sobriety is a distal goal for those in Tracks 1 and 2 (participants with moderate to severe substance use disorder), but is a proximal goal for those in Tracks 3 and 4 (participants who have no physical dependence on illicit substances). It should be noted that distal goals can, and hopefully will, become proximal goals over time.

Treatment courts implementing a multi-track model will have to consider changes to their court schedule, some of which may be significant. In larger programs, participants in different tracks may appear in court on different days of the week. At a minimum, tracks with participants at different risk levels should be seen in court separately by the judge, even if they all still appear in court on the same day. In smaller programs, participants from different tracks may appear in court at different times within the same 2-hour (or even 60-minute) period. For example, Track 1 participants could be scheduled for 2:00 p.m., and Track 3 participants could arrive at 2:30.

Judge availability and jurisdictional issues will heavily dictate what type of schedule is possible for the DWI court. It is important to remember that Track 2 and 4 participants (low-risk participants) will be seen in court significantly less often than other participants. These participants might come before the court quarterly, or only on a non-compliance docket. One program in Missouri calendared Track 2 and 4 participants on months that had a fifth Wednesday (3-4 times each year) and saw each of the tracks at separate times that day. Participants in Tracks 2 and 4 were also brought in for the non-compliance calendar when they did not adhere to program requirements.

For a non-compliance docket, consider making minor adjustments to existing hearing times to have the court available to see non-compliant participants as soon as possible after the noncompliance occurs. For example, schedule time for non-compliance docket one day per week to be available when non-compliance occurs, such as after the Track 1 docket.

IMPORTANT NOTE: Any rearrangement or changes to court schedules should be discussed and agreed upon by all partners. This discussion may include individuals who are not considered DWI court team members, but may be impacted by the change such as other judicial officers, the court coordinator, clerks, or bailiffs.

Step #13: Outline Participant Supervision and Case Management Requirements and Supervision/Case Management Staff Assignments

Treatment courts vary in how they implement supervision and case management. Sometimes a probation or pre-trial supervision officer provides both supervision and case management, sometimes a supervision officer provides supervision only and other staff are specifically designated as case managers, sometimes treatment providers perform case management, sometimes multiple team members provide case management – or any combination of the above can occur.

Adjusting participant supervision levels and case management to fit risk levels can be accomplished regardless of the size of the program or who provides it. Lower-risk individuals should appear in court and report to their supervision officer/case manager less often than higher-risk individuals.

One way to organize probation officers/case managers in the multi-track model is to assign them to specific tracks (if your program is large enough). There are pros and cons to assigning a single track to individual probation officers/case managers. The benefits include some efficiency in the staff member having a consistent caseload with similar requirements, and only needing to attend one staffing and court session. However, current multi-track model programs have noted some inherent challenges in working with only Track 1 (high-risk/high-need) participants, including the additional stress and frustration frequently associated with supporting this population, as well as the energy required to provide more intensive supervision and case management.

Another option is for staff to have a mixed caseload of participants from more than one track. The benefit is that staff will have some participants who require less attention and/or case management. The main challenges may be, if your program is large enough, having staff attend multiple staffing and court sessions, which may not be efficient or feasible.

DWI participants who are low risk (those in Tracks 2 and 4) may still require intensive monitoring, particularly due to legal or political pressure, to ensure that driving under the influence does not occur. There are many options for accomplishing this monitoring effectively using available technology (see Resource box). These participants should need infrequent in-person supervision appointments and only attend court on an as-needed or very limited basis; therefore, a single staff member could have a large caseload of Track 2 and 4 participants, or they can be added to the caseload of officers working with Track 1 and 3 participants without much increased burden.

Finally, a key step regarding case management is to ensure that there are services available to meet participant case management needs such as housing assistance, transportation, life skills classes, management of medications, etc. If these services are not currently available in your program, reach out to organizations and providers in the community (identified through community mapping) to see if partnerships can be arranged.

Resources:

More information about supervision caseloads may be found in the NADCP Adult Drug Court Best Practice Standards (Volume II, Standard IX - <http://www.nadcp.org/Standards>).

Best practices related to supervision can be found in this fact sheet from NDCI: <https://www.ndci.org/resources/probation-practices-in-treatment-court>

Monitoring technologies include:

- Transdermal Monitoring (e.g., SCRAM or ankle bracelet)
- Ignition Interlock Device (e.g., Interlock)
- Remote Testing (cell phone) (multiple companies provide remote breath testing options)
- Daily Breath Testing (24/7 program) (participant must go to a testing site daily)
- Urine Drug Testing
- GPS (location monitoring – generally using cell phones)

The above technologies can be used in combination with each other for effective monitoring based on participant's circumstances including participant ability to pay, whether the participant owns a car, the availability of the technology in the participant's location and other factors.

Step #14: Develop a Plan for Treatment for Each Track

Developing a treatment curriculum, assigning participants to certain treatment providers and ensuring that participants at different risk levels are treated in separate groups is one of the most critical steps in implementing the multi-track model. The treatment providers' ability or willingness to adapt to changes may be one of the most challenging issues faced by a program. The planning and decisions related to this issue may take time and must be transparent. The process must involve treatment providers who currently serve the program, and may require additional treatment providers that serve the local area. Begin by working with your current treatment provider or other treatment experts and assess the current level and types of treatment services available.

Some programs may have access to a single treatment agency that has enough staff, resources, and expertise to handle the needs of each track. High-risk participants must be in separate treatment sessions from low-risk participants. Low need participants should not be in regular treatment sessions, but may be in educational groups. Some programs may have a large enough population to have group treatment sessions for participants in Track 1 (high risk/high need) and Track 2 (low risk/high need). Some programs may not have enough participants to have group treatment sessions for each track, in which case these programs should use individual treatment sessions to keep high- and low-risk participants separate. Some programs may choose to assign each track to a different provider, or even split treatment services across providers by gender or culturally specific needs.

Steps needed to prepare treatment providers to work with the different tracks:

- Educate treatment providers about risk levels and the importance of keeping participants at different risk levels separate. Treatment providers must work to keep the participants at different risk levels separate. While some level of interaction may occur, treatment providers should work to limit associations.
- Ensure that the DWI court provides treatment providers with the risk level of the clients they are serving. (In fact, treatment providers and supervision/case managers should be working together to create an integrated case plan and be sharing these participant case plans with the team so that all team members understand and provide consistent messaging to each participant).
- Prepare the treatment curriculum for each track before launching the multi-track model. Agree on the levels of treatment and establish the evidence-based practices for each of the tracks. (Even within tracks, each participant may have different treatment needs so individual case planning is crucial).

- If appropriate treatment is not available locally, consider alternative options, including obtaining training for local treatment professionals in the necessary treatment models, online treatment, or referrals to private practices or more distant providers.
- A contract between the court and treatment providers should be established and clearly delineate the treatment options from providers that are available to each track. The contract should also require that treatment be based on assessed need for each individual and should outline the duties of the treatment provider on the team, including attendance at court and staffing, and exactly what kind of information is communicated with the team and when.
- The full menu of substance use disorder treatment will not be needed for Tracks 3 and 4 (the low-need tracks), but other services such as MRT, life skills, psychoeducation, etc. are critical to developing an effective curriculum for participants in these tracks.
- Educate providers on funding opportunities such as SAMHSA or BJA grants to help them build treatment capacity or enhance quality.

Resources:

- A fact sheet on what to require from treatment providers when writing an RFP is helpful for this process: <https://ndcrc.org/resource/creating-a-request-for-proposals-for-drug-court-treatment-court-treatment-agencies>
- Examples of evidence based treatment models can be found in NADCP Adult Drug Court Best Practice Standards (Volume I, Standard V, Appendix A - <http://www.nadcp.org/Standards>).
- Further examples of evidence based treatment models can be found by following this link: <https://www.crimesolutions.gov/Programs.aspx> (This site provides a list of evidence-based practices for a variety of population types. You can search on treatment modality or on population including age, gender, race/ethnicity, etc.)

Step #15: Develop Phases for Each Track

Phases are important to include in Tracks 1-3 but are unnecessary in Track 4 (low-risk/low-need). In Tracks 1-3 participants are expected to make substantial changes in their behavior and in their lives. Behavior change is difficult and is more successful when changes are made in smaller, manageable steps. Phases provide steps and manageable goals for participants, help keep the team focused on appropriate requirements based on participants' abilities, remind the team and participants that recovery is a process, and provide the team and participants a way to monitor incremental progress.

The number of phases and phase requirements, including the length of phases, will be different based on participants' risk and need levels. Basic information on phases for each track is provided below. Sample phase requirements and more details for each track are included in the sample policy and procedure manual at this link: <https://npcresearch.com/resources/materials/>

More detailed information on how to develop phases for each track is also provided in the training on implementing multiple tracks in your treatment court described in Step 1 of this document.

Track 1 (High-Risk/High-Need): 5 Phases – Total program length a minimum of 14 months

- Phase 1: (~60 days) *Acute Stabilization* – focus on developing participant individualized integrated treatment/case management plan, expect participant adherence to agreed upon proximal goals, participant attendance at treatment and case management appointments. Team and participant address housing, *assess* medical issues, (e.g., assess for serious/acute issues, pain management, medication interactions, cravings/withdrawal/anhedonia, etc.), establish trust between participant and team, and help participant to work on honesty.
- Phase 2: (~90 days) *Clinical Stabilization* – focus on participant engagement with treatment and require regular attendance at supervision/case management appointments, expect adherence to agreed upon proximal goals, continue to address medical issues identified in Phase 1 and other ancillary issues such as finances, reinforce adherence to program requirements, emphasize honesty
- Phase 3: (~90 days) *Pro-Social Habilitation* – continue focus on participant engagement with treatment and continued attendance at supervision/case management appointments, expect adherence to agreed upon proximal goals, work toward participant responsibility for medical issues and other barriers to change, begin participant engagement in pro-social activity and establishing a recovery network, expect honesty
- Phase 4: (~90 days) *Adaptive Habilitation* – focus on continued participant engagement with treatment, adherence to supervision/case management requirements, expect

adherence to agreed upon proximal goals, maintaining pro-social activities, engaging in their recovery network; continue to address their own medical and ancillary care; and begin employment, vocational training, or school as appropriate

Phase 5: (~90 days) *Maintenance* – focus on participant engagement with treatment; adherence to supervision/case management requirements; adherence to agreed upon proximal goals, maintaining pro-social activities; involvement with their recovery network; regular maintenance of medical and ancillary issues; and employment, vocational training, or school as appropriate. Assist the participant in developing a written plan for ongoing self-care after program completion at the beginning of Phase 5 and have them practice following the plan through the remainder of this final phase.

Track 2 (Low-Risk/High-Need): 4 Phases – Total program length a minimum of 13 months

Phase 1: (~60 days) *Acute Stabilization* – focus on developing participant individualized integrated treatment/case management plan, expect participant adherence to agreed upon proximal goals, participant attendance at treatment and case management appointments. Team and participant address housing, assess medical issues, (e.g., assess for serious/acute issues, pain management, medication interactions, cravings/withdrawal/anhedonia, etc.), establish trust between participant and team, and help participant to work on honesty.

Phase 2: (~90 days) *Clinical Stabilization* – focus on participant engagement with treatment and require regular attendance at supervision/case management appointments, expect adherence to agreed upon proximal goals, continue to address medical issues identified in Phase 1 and other ancillary issues such as finances, reinforce adherence to program requirements, emphasize honesty

Phase 3: (~120 days)³ *Adaptive Habilitation* – focus on engagement with treatment, adherence to supervision/case management requirements, adherence to agreed upon proximal goals, establishing pro-social activities, engaging in recovery network, continuing to address medical and ancillary issues, begin employment, vocational training, or school as appropriate, expect honesty

Phase 4: (~120 days) *Maintenance* – focus on participant engagement with treatment; adherence to supervision/case management requirements; adherence to agreed upon proximal goals, maintaining pro-social activities; involvement with their recovery network; regular maintenance of medical and ancillary issues; and maintaining employment, vocational training, or school as appropriate. Assist the participant in developing a written plan for ongoing self-care after program

³ Phases 3 and 4 for LR/HN participants are longer than these phases for HR/HN participants because the overall program should be at least 12 months to ensure the participant has enough time to complete treatment appropriate to their assessed need

completion at the beginning of Phase 4 and have them practice following the plan through the remainder of this final phase.

Track 3 (High-Risk/Low-Need): 4 Phases – Total program length a minimum of 12 months

- Phase 1: (~90 days) *Orientation, Assessment and Habilitation* – focus on developing participant individualized case management plan, expect participant adherence to agreed upon proximal goals, participant attendance at court, intervention program, and case management appointments. Team and participant address housing, *assess* medical issues, (e.g., assess for serious/acute issues, pain management, medication interactions, cravings/withdrawal/anhedonia, etc.), establish trust between participant and team, stress importance of honesty.
- Phase 2: (~90 days) *Pro-Social Habilitation Part 1* – focus on compliance with supervision/case management appointments, adherence to agreed upon proximal goals, addressing participant medical issues identified in Phase 1 as well as other ancillary issues such as finances, and participant compliance with program requirements, emphasize and reward honesty
- Phase 3: (~90 days) *Pro-Social Habilitation Part 2* – focus on participant *adherence* to supervision/case management requirements, adherence to agreed upon proximal goals, establishing pro-social activities, participant taking responsibility for addressing medical and ancillary issues, adherence to program requirements, and beginning employment, vocational training, or school as appropriate, expect honesty
- Phase 4: (~90 days) *Maintenance* – focus on continued participant adherence to supervision/case management requirements, adherence to agreed upon proximal goals, maintaining pro-social activity, continuing to address medical and ancillary issues, and maintaining employment, vocational training, or school as appropriate. Assist the participant in developing a written plan for ongoing self-care after program completion at the beginning of Phase 4 and have them practice following the plan through the remainder of this final phase.

Step #16: Create Program Documentation

Create written materials that reflect the agreed-upon number of tracks and other changes associated with implementing the multi-track model, as well as overall program processes.

Written documentation should include:

- A policy and procedure manual
- A participant handbook
- Eligibility criteria and the associated referral and intake processes (this information may be incorporated into the policy and procedure manual)
- An MOU between all team members and other key stakeholders (describing roles, duties, and expectations for what and how communication occurs and how and when that information can be used by each team member) (this document may be appended to the policy and procedure manual)
- An incentives and sanctions matrix (may be included in policy and procedure manual)
- An integrated case plan template (for developing individualized participant case plans that include treatment, supervision, and case management plans and goals)

Resources:

Sample versions for all the documents listed above can be found at:

- NPC Research: <https://npcresearch.com/resources/materials/>
- National Drug Court Institute: <https://www.ndci.org/resource/sample-documents/>

Other Considerations

Have a Transition Plan for Current Participants

Transitioning current participants from the original treatment court model to a multi-track model is very important. Program policy manuals and documentation should be finalized before the transition. For example, programs in Missouri administered the RANT® to current participants and then set a 'start date,' which was the date they moved existing participants to their assigned track. In planning the transition, participants in the last phase were allowed to progress and graduate without being moved to the new track system. Some programs that have implemented tracks communicated the transition to current participants before the change to limit rumors and misinformation regarding the 'new system'. It can be important for participants to have some time to understand the changes that will be occurring as it can be difficult for them (as it is for all of us) to adjust to change. Talk with participants about the change and how it will affect them, when the change will occur, and whether they have any choice, particularly if the program expectations are changing (increasing). Explain why this program change will benefit them and future participants.

Track Adjustments

All screening tools and assessments provide a snapshot of information about a participant at a single point in time. After entering the program, participants may begin to trust the team more and may be willing to share additional information, new behaviors may be observed, or other signs (such as a participant struggling with meeting program requirements or continuing to use) may become apparent that necessitate reassessment. Occasionally, updated assessment results may lead to a participant being reassigned to a different track. Although initial findings in existing multi-track programs show that the majority of participants tend to stay in their assigned track, team members across tracks should be able to openly discuss this issue and make changes as necessary based on assessed need.

Funding Opportunities

Whether multi-track programs require more or fewer resources than traditional single-track programs depends on many factors. Resources are needed for staff time and other key stakeholder time required to plan and implement the program unless key stakeholders are willing to donate their time. Additional funds may be required for training. Otherwise, funds to pay for staff planning time, training and possibly a facilitator (to assist the team in planning and creating new program documentation) must be obtained. Changing an existing program may be less costly than starting a new program. What the jurisdiction decides about who to include in the eligible population may also increase the program's numbers or require new resources. . However, as participants are assigned outside of Track 1, the court should realize efficiencies in serving participants with lower risk/need as they will require less intensive services.

Resources:

Some resources and funding opportunities for implementing a multi-track treatment court include:

- Grant funding for program enhancements (such as the 4-track model) can be found from federal and state sources as well as foundations.
 - SAMHSA: <https://www.samhsa.gov/grants>
 - BJA: https://www.bja.gov/ProgramDetails.aspx?Program_ID=58
 - National Drug Court Institute (for BJA-funded technical assistance): <https://www.ndci.org/resources/training/ta>
 - Center for Court Innovation (for BJA-funded technical assistance): <http://www.courtinnovation.org/expert-assistance/drug-court-assistance>
- Community outreach and partnerships can also be an excellent source of sustainable funding. Make connections in the community with business leaders, the faith community, and service providers. Develop and maintain a community advisory committee formed of leaders and providers and enlist their help in seeking out funding opportunities.
- Some training opportunities are available at no cost to the local programs. See the resource box for trainings under Step 1 in this manual.
- A social innovation, or **Pay for Success**, model is a strategy to pilot a program to determine if the program produces the desired outcomes and cost-savings stakeholders believe it can achieve. Pay for Success (PFS) utilizes private dollars to invest in the start-up and early operations of a program that seeks to address a complex social issue; in this case, a treatment court. PFS advantages include: zero initial funding from treatment court stakeholders; engagement of community partners; ability to test and modify the program prior to fully investing resources and funding; and, a full process, outcome, and cost-benefit evaluation of the program. If the program is determined to be successful, the money used to implement the pilot program is paid back to the private investor(s) over time through the realized cost-savings. However, one consideration in the use of this model is that most treatment courts produce opportunity resource savings (i.e., the savings are in the form of services that become available for others to use such as treatment bed slots or jail beds that are no longer being used by treatment court participants, rather than actual monetary savings). For more information on PFS to determine if this option is appropriate for your treatment court, contact the National Association of Drug Court Professionals or visit:
 - Social Finance: <http://socialfinance.org>
 - Nonprofit Finance Fund: <http://www.payforsuccess.org>
 - Urban Institute: <http://pfs.urban.org>

Conclusion

The idea of implementing a multi-track model may feel overwhelming for many programs. Change can be difficult to manage and the multi-track model may require significant modifications to treatment court policies and practices. However, DWI courts that have implemented the multi-track model have enjoyed significantly improved outcomes. Study results from the San Joaquin DUI Monitoring Court showed that alcohol-related crashes (including crashes with fatalities) for DWI court participants decreased by half compared to non-DWI court participants, and new DWI's decreased by 33%. And findings from adult treatment courts in Missouri that implemented multiple tracks demonstrated reductions in recidivism of over 100%.

The implementation of the multi-track model requires several significant process changes that affect many local agencies and departments. Collaborating, informing affected individuals/agencies, and trainings are required when significant changes like this occur. However, programs that implemented the multi-track model noted that frustrations within these agencies with longstanding local practices provided motivation for them to participate in this model and that once the changes occurred, relationships across agencies and team members were stronger.

Despite best intentions, new or unexpected concerns will likely arise during implementation. However, the more stakeholders are involved, and the better the communication and engagement, the more the work can be distributed, potentially reducing the burden on any one individual or agency. For example, leadership can create sub-committees to develop specific elements of the program, such as new incentive/sanction guidelines, changes to the participant handbook and policy manual, new phase requirements within each track, and changes to court hearing times. Ensure that leadership is delegating duties and seeking out volunteers as much as possible.

The multi-track DWI court model expands capacity and makes the best use of limited resources by efficiently serving individuals based on their assessed risk and need levels. Matching supervision, treatment, and service types and levels to assessed risk and need minimizes the possibility of over or under treating or supervising and maximizes the likelihood of reduced recidivism and increased cost savings. Involving all key players in the planning process creates an opportunity to enhance the program and address problematic practices with improved practices that are part of a more efficient and more effective court model. This manual provides a step-by-step guide and resources to help make your efforts to plan and implement a multi-track DWI court successful in your community or jurisdiction. Please feel free to contact Shannon Carey at NPC (carey@npcresearch.com) if you have any questions or need additional information.

Other Resources:

NIATx training was noted to be helpful for some programs, as it helps teach process improvement to behavioral health and human services professionals. NIATx has online resources, as well as in-person trainings. NIATx is just one of many options that may be available for programs, but it should serve as a reminder that process improvement can be complicated, and programs should consider outside resources for help during implementation.

<http://www.niatx.net/Home/Home.aspx>